



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

\*BIBDATASHEET\*

CONFIRMATION NO. 9142

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/039,753	<b>FILING OR 371(c) DATE</b> 01/02/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 26473/04177
<b>APPLICANTS</b> Stanley Hazen, Pepper Pike, OH; Renliang Zhang, Cleveland, OH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/259,340 01/02/2001 and claims benefit of 60/283,432 04/12/2001 * (*Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/14/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 24024				
<b>TITLE</b> MYELOPEROXIDASE, A RISK INDICATOR FOR CARDIOVASCULAR DISEASE				
<b>FILING FEE RECEIVED</b> 1504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	